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# **Exploring Identities and Cultures in Inter-professional Education and Collaborative Professional Practice**

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# **Exploring Identities and Cultures in Inter-professional Education and Collaborative Professional Practice**

## **Abstract**

Although the concept of multi-agency working has been pursued and adopted as the most appropriate way to improve child care provision and health workforces in recent years, both in the UK and more globally, research suggests that participation in such work can be problematic. This article examines current developments in inter-professional education and collaborative professional practice. Drawing on desk research across the fields of Education, Health and Social Care, it applies a critical lens to re-examine inter-professional working using well-established concepts of profession, identity, culture, career, and training/work transitions. The article uses theoretical hooks to look for similarities and differences in the promotion of inter-professionality across the Education, Health and Social Care sectors, alongside those which occur within each. It looks towards a re-invigoration of knowledge creation and application through research. This is viewed as especially urgent in times of fragmentation, transformation, and arguably, disintegration, in the services its professional and academic educators and workers seek to serve.

**Keywords:** Inter-professional education; profession; career; identity; culture

## Introduction

Whilst the roles and role boundaries of Education, Health and Social Care professions have always been dynamic, exhortations to create and sustain new *inter*-professional identities and cultures, are more recent, and, notably, global. For example, the World Health Organisation (WHO 2010, p. 9) has recognised ‘inter-professional collaboration in [health] education and practice as an innovative strategy that will play an important role in mitigating the global health work force crisis’. Their recent ‘Framework for Action’ (WHO 2010) locates inter-professional collaboration as a key aspect of a global solution to unmet health needs and increasingly complex health problems. Advocacy is for a ‘new’ kind of health worker, described as ‘collaborative-practice ready’ and part of a ‘collaborative-practice ready’ health workforce (p. 9). By means of inter-professional education and collaborative professional practice, it is argued, fragmented health systems that fail to meet local needs will be transformed to provide optimal health services, strengthen health systems, and lead to improved health outcomes for service users. The Framework claims not to be prescriptive. Nonetheless as a firm call to inter-professional action its intention is to provide national policy makers with ideas on how to ‘contextualise’ their existing health systems, ‘commit’ to implementing the principles of inter-professional education, and ‘champion’ the benefits of inter-professional working nationally, regionally and locally to health workers and health educators who will themselves take on the identities of inter-professional advocates.

Other interpretations of this document are at least worth introducing. For much of the twentieth century and subsequently, new workers have been included within the health care workforce, in part as a result of new medical technologies, new forms of education, and as integral to new ways to buy, organise and control the workforce. Neo-liberal forms of management have also led to a redistribution of resources

(Exworthy *et al.* 2003) with ‘unskilled workers taking on tasks previously only performed by professionals’(Nancarrow and Borthwick 2005, p. 2). Also, notably absent from the WHO Framework is any deep consideration of such professional or indeed national cultures (contextualisation is the nearest the document comes to recognising cultures, with illustrations and small case examples reflecting different countries visually) or of how, why and to which effect, health workers might identify themselves as ‘collaborative-practice ready’.

Of deeper significance, perhaps, is lack of reference to the fundamental structures of socio-economic inequality upon which educational, social, and above all, health inequality rest. Rather, viewing this document from the lens of Bourdieu (Bourdieu 1998), for example, the ‘field’ of health promotes inter-professional education (IPE) and collaborative professional practice (CPP) as a set of beliefs, or theodicies, which comprise a logic of and for practice. The social agents, authors of this piece and proponents of IPE, understand how to behave in the ‘field’. This is represented in their writing, and is supported, again in Bourdieu’s terms, by reference to repeated truths or doxa about IPE. Even if these beliefs were confronted as reproducing rather than challenging structural health inequalities in the population or, indeed, in the workforce, they can be and indeed, are explained away as part of a logic of practice that prioritises co-ordination between health and health education systems for inter-professional collaborative working and, it follows, better health for service users.

Furthermore, there is little reference in the Framework to some of the tensions and contradictions that orientations towards inter-professionality create in relation to professional identity and cultures. In the UK, Carpenter *et al.* (2003) have drawn attention to the tensions that arise when professionals negotiate and mediate their identities both as professionals and, increasingly, as members of what are described as

‘integrated service teams’. Adams (2005) notes how the validity of professional judgement begins to rest less on specialist expertise but more upon health professionals’ capacity to reach potential agreement with others. He refers to emerging contradictions, ambivalences, and anxieties generated when professional practice is seen in multiple or, as he refers, binary terms, three of which are named as: the business tasks of managers/the clinical tasks of practitioners; medical models of care/social models of care; and identifying with ‘institutions’/ identifying as ‘communities’. Thus, it is argued, inter-professionality may overcome important sets of health-related problems whilst creating others, not least for professionals in terms of loss of autonomy or ‘self-definition’ (Foster and Roberts 1998). Moreover, with structural issues largely sidestepped, ‘problems’ that arise from such tensions create, in effect, someone or something to blame by policy makers and power brokers when health issues, not least in organisational terms, persist – caused, then, it is claimed, by intransigent or inadequate professionals who will or cannot work together, poor quality IPE, or deficit students. Nancarrow and Borthwick (2005) perhaps come closest to unravelling theoretically the implications of changing professional boundaries, specifically in health care (see below).

Similarly in Education, whilst the concept of multi-agency working has been pursued and adopted as the most appropriate way to provide wrap-around services for children and young people in recent years, especially in the UK since the publication of *Every Child Matters* (DfES 2003) – a government document which set out key changes to the organisation and running of children’s services - research suggests that participation in such work can be equally problematic as it can lead to professionals experiencing a variety of complex new roles and identities. Tensions exist between balancing and managing existing roles and identities - developed through single-agency

settings - with their newly acquired ones - developed in multi-agency team settings (Robinson *et al.* 2005). Furthermore, it is suggested that some of the key difficulties in implementing inter-professional working are linked to individuals experiencing complex identity conflicts as their deeply held beliefs and values, developed through prior cultural and social experiences, are challenged and questioned. And although the *Early Child Matters* impetus slips almost inexorably from the front line of the UK Government's current interests, rhetorical advocacy for collaboration between stakeholders persists.

The purpose of this paper is to explore some of the challenges surrounding IPE and CPP by reviewing published literature dealing with notions of professional identity and culture in relation to inter-professional working in Health, Social Care and Education. We draw on a funded desk research project undertaken as part of a larger study investigating inter-professional education and collaborative professional practice (see acknowledgements), other aspects of which are published elsewhere (Morrison and Arthur 2013; Morrison and Glenny 2012). The review on which this paper is based was guided by the following research questions which were also integral to the desk research referred to above:

- What do we understand by professional identities and cultures in Health, Social Care, and Education?
- How are these affected/likely to be affected by inter-professional working, and why?

The main argument developed in this paper is that an in-depth understanding of the nexus and inter-relationships between the key concepts of culture and identity is essential to help explore some of the difficulties experienced in implementing notions of inter-professional working in health, social care and education. The critical perspective



adopted here requires that we unpack the relations between macro structural as well as micro agential analyses of professional identity and culture; in such ways, we are attempting to apply a theoretical lens to a field in which this has been relatively absent. Additionally, it is argued that an understanding and appreciation of an individual's personal biography is crucial in trying to understand the complexities of these concepts and that any research into this area needs to adopt a methodological approach which takes these narratives into account. Such research appears to be a missing in the extant literature.

Following this introduction, the paper is organised into five sections. First we examine the ideological assumptions underlying the inter-professional movement. Next we identify theoretical frameworks which can help explain some of the issues linked to changing professional boundaries and identities in inter-professional work. Then, moving from macro to micro levels of conceptual analysis, we discuss the concepts of professional identity, culture, and career in relation to multi-agency working. Finally, we conclude by arguing for more nuanced research in this under-theorised area of study.

### **Ideological impetus**

The inter-professional movement is presented as much more than an orientation to working together synergistically; it is imbued with and underpinned by a sense of how professionals ought to be and behave. Hammick et al. (2009) probably provide us with the most recent insights into the orientation from the perspective of proponents. Crucially, being inter-professional is integral to professional identity. Indeed, the word 'being' is used:

...to indicate that what we are discussing concerns about how we are, how we act, and what we do in our professional and working lives. The word indicates that being inter-

professional is, or should always be, part of our professional lives. Ideally, being inter-professional is a routine and regular part of how we work, an active rather than passive-related behaviour (p. 8).

Furthermore:

Being inter-professional means that we:

**Know what to do...** This is often referred to as knowing the right thing to do

**Have the skills to know what should be done:** This means being competent and capable of behaving and doing things correctly.

**Conduct ourselves** in the right way when carrying out a particular action. This involves doing the task with the appropriate attitudes, and having suitable values and beliefs about what we are doing. (pp. 8-9, authors' emphasis)

Whilst there is, at first sight, very little to distinguish 'being' inter-professional from 'being' uni-professional, further clues are then provided – 'being inter-professional' means 'learning and working' and 'working and learning together' (p. 10); 'learning about, learning from, and with others [overwhelmingly, it seems, within health and social care] in order to add to what we already know' (p. 10); that there is a need to be inter-professional all 'our working lives', that it applies to routine and novel situations, is about improving practice, and, above all, having 'the right attitudes' and 'core values' (p. 23) to work collaboratively. The suggestion is that individuals can 'be' inter-professional without being aware that they are. Identity formation comes when:

The very experience of recognizing when something positive arises from collaborating with others, as well as the not-so-good aspects, contributes to our professional development (Hammick *et al.* 2009, p. 35).

Above all, following Meades and Ashcroft (2005), ‘being professional today means being inter-professional’ (Hammick *et al.* 2009, p. 37), a state of being and an ideological disposition towards practice. What becomes apparent is the relative absence in analysis of broader structural conditions that would enable readers to understand or critique this predominantly whole-scale affirmative commitment to inter-professionalism. In what follows, we try to address this omission.

### **Theoretical frameworks**

In relation to health, Nancarrow and Borthwick (2005, pp. 905-12) consolidate much of the relatively sparse theoretical analyses about its professional workforce, boundaries, and changing identities. At least four terms frame changing directions: diversification, specialisation, vertical and horizontal substitution. They note a history in which highly paid and statused medical practitioners have discarded unwanted, lower skilled elements of their work which are re-allocated to other workers, often in times of prosperity. Correspondingly, a willingness among less statused professionals/workers to take on these roles, not least to improve status, is noted which ‘reinforces a model of medical dominance in that it assumes that once professional ‘turf’ has been given away, it can later be reclaimed, either by the medical profession or by other providers under the control of the medical profession’ (p. 908). This has bolstered and been bolstered by ‘widespread policy level support for boundary negotiation’(Nancarrow and Borthwick 2005, p. 908).

Elsewhere (see below for Education) such movements have been described in terms of proletarianization, de-professionalization, and/or re- or post-professionalization. The terms ‘vertical’ and ‘horizontal substitution’ refer to ‘the movement’ of a ‘discipline’ or ‘profession... outside its traditional boundaries to take

on tasks that are normally performed by other health service providers' (Nancarrow and Borthwick 2005, pp. 909-11). Relatedly, inter-professional education in Health and Social Care increasingly identifies 'new settings for professional practice, new ways of providing existing services, the adoption of a new language..., and new philosophies of care' (p. 909). Moreover, 'vertical substitution' 'involves the delegation of tasks across disciplinary boundaries where the levels of training or expertise (and generally power and autonomy) are not equivalent between workers' (p. 9). One example is of nurses given prescribing powers (p. 910). An analogy in Education would be expanding roles for teaching assistants. Whilst new duties may increase the scope of professional activity, rewards do not necessarily increase commensurately, so reinforcing status distinctions within the group now afforded more power. Not all nurses are given prescribing roles; the work of school teaching assistants shows increasing internal variations/salary differentials. With academy schools and new forms of governance in the UK, such variations seem likely to grow, or are at least less visible externally.

'Horizontal substitution' arises when providers with similar levels of training and expertise, but from different disciplinary backgrounds, undertake roles that are normally the domain of another discipline' (Nancarrow and Borthwick 2005, p. 911). The growth of inter-professional practice is considered to have encouraged it, and is more likely to succeed, it is argued, 'when practitioner roles are similar' (p. 911). This becomes less likely when roles are dissimilar and/or when professions beyond health are involved. Overall, Nancarrow and Borthwick are not particularly optimistic about 'horizontal substitution' other than in specific situations like staff shortages, or the setting of care (such as home-based), when it 'makes pragmatic sense' (p. 911) ...at the social end of the spectrum' (p. 912). There are additional concerns that lower cost workers are used as replacements for more expensive workers. Yet, professional

boundary changes continue to accelerate, not just because some professions feel it will enhance their status, but also because increasingly the State has explicitly ‘supported non-medical practitioners to encroach on traditional medical roles’ (p. 912).

In Education, Whitty’s (2002) sociological analysis charts similar trends. As standardised criteria for assessment and centrally controlled frameworks for all sectors proliferate, so do exhortations to ‘free up’ education and training to choice, competition, and diverse funding. There is an accelerating managerial tier in all sectors, and a blurring of distinctions between different kinds of workers, for example, between teachers and teaching assistants, and, in higher education (HE), what might constitute the activities of academic managers (Whitchurch 2007). In HE, there has been a 40% increase in managerial staff, 15,795, compared with 11,305 managers employed during 2003-2004 (THES 2012). This compares with a 19% increase in the number of academic staff. Teacher education, now mainly school-based in the UK, severely time constrained, and with multiple providers, struggles to combine competency-based skill approaches and more reflexive research-led practices. With a high point in accelerated recruitment of teaching assistants (TA) in 2005 to more than 100,000, there have been calls for more leadership courses during initial training to enable teacher trainees to manage TAs; this call parallels the rise of teachers as ‘team leaders’ (Calder and Grieve 2004).

Professional practice also continues to be re-configured and contested. As in Education, Adams (2005) charts how the professional legitimisation of UK National Health Service workers no longer rests upon ideologies and practices centred in a universal, collective, and consensual service but rather upon quasi-market principles and individual surveillance by performance, self-interest, responsibility, and pathology,

that is most recently underpinned by major health and social care legislation. In each service, modernisation is evoked as a legitimising device for policies aimed at reducing public expectations of the State, whilst simultaneously insulating successive governments from failure by recourse to ‘credible’ accounts of individual performance, continued exhortations for professionals to work better and more efficiently together, frequently under the mantras of effective inter- as well as intra-professional communication and collaboration, yet within functionally differentiated systems. Unsurprisingly, co-ordination problems continue. The *push* towards inter-professional identities is *pulled back* by the coordination or compatibility problems created by such movements. According to Adams (2005), tautologies and paradoxes have intensified as options for action increase in more differentiated systems, and communications become temporally unstable. One reaction is for professionals to cling to activities and identities with which they are immediately familiar, and there is a tendency towards more rather than less self-reference. This leads to government calls for more collaboration and HE and continuing professional development courses to promote inter-professional practice.

In Education, similar calls for professional identity to be re-conceptualised (Woodrow 2008) have followed although not always with the evangelical inter-professional zeal of Hammick et al. (2009) or the pejorative sense in which uni- as opposed to inter-professional education is referred in Health and Social Care (Barr 2010). That noted, Barber (2005), for example, has described teacher professionalism of the pre-1980s as ‘uninformed professionalism’ – with teachers lacking ‘modern’ knowledge, skills and/or attitudes. Instead, he looks towards an age of ‘informed professionalism’ when teachers ‘will have appropriate knowledge, skills, and attitudes so that the government can grant them a greater degree of licensed autonomy to manage

their own affairs' (Barber 2005, p. 2) . Dainton (2005, p. 151) is among writers to have criticised Barber for providing a historically inaccurate account, also noting that 'delivering' someone else's thoughts, ideas, strategies, and lesson plans hardly counts as 'informed professionalism' (quoted by Whitty 2006, p. 2).

### ***Extended professionalism***

In IPE for Health and Social Care, single professional foci are frequently aligned with conservative forms of education, static approaches, and resistance to change (Barr 2010). In Education, the norm is for teacher education (now mainly training) that recognises (not always successfully or enthusiastically) the need for multi-professional contributions to support the needs of pupils and students. Described as 'integrated service provision', it increasingly brings teachers in contact with a new 'breed' of employees, 'welfare managers' with a far less rooted and assured occupational history and/or base of codified knowledge, but increasingly based in schools (Edwards *et al.* 2010). In England, integrated service provision has propelled Education and Children's Service Departments towards providing joint services, alongside other voluntary agencies. With prospects for further diversification in the kinds of schooling and funding, the potential for deep integration might seem problematic, not least where there is a wider range of 'knowing' constituents among parents, charities, and private businesses.

Professional arenas have long been subject to government intervention, ostensibly to improve organisational as well as individual effectiveness, with an emphasis on standards of education and care, coupled strongly with mechanisms of accountability, and deep economic concerns about needs for rationalisation of resources. So while teacher educators might argue, for example, that they possess a form of codified

knowledge that informs their practice, sense of rights and responsibilities, and autonomy and their role is to engage learners to think latterly and develop problem solving skills, rather than just delivering a highly prescriptive, competence based curriculum (Santoro 2003), there is growing policy insistence that teaching or leading teaching are activities that can be achieved, perhaps more effectively, by those beyond the fields of education, in other words, in terms of other forms of ‘horizontal’ and ‘vertical substitution’ (Nancarrow and Borthwick 2005). Long-fought-for struggles over teacher identity are double-edged swords. On the one hand, established hallmarks have added validity to teacher performance; on the other, viewing teachers (or indeed teacher educators) as central to the success of schooling makes them prime targets for blame when pupils or organisations under-perform in regimes of performativity. (Traditionally, teachers have been less successful collectively in resisting ‘blame’ than, say medical practitioners, although increased similarity across public sectors, in terms of litigious orientation and accountability systems makes all workers less secure than previously.)

A key tension underpinning the notion of ‘being a professional’, and experienced more acutely in recent years, is the emphasis on meeting professional standards and an intensification of accountability procedures that are enforced by government (McNally *et al.* 2008) in effect, controlling the professions, not liberating them, according to (Dillabough 1999, p. 376). Debates centre on whether teachers are becoming de-professionalised or re-professionalised. The latter is ‘good’ (it brings to the fore, new conceptualisations of the extended professional) or it is ‘bad’ (re-professionalization *is* de-professionalization) (McCulloch *et al.* 2000; Taber 2007).

Positively, according to writers like Sachs (2004), ‘extended professionalism’



provides the potential to overcome traditional notions of professionalism as self-serving, self-referential, and self-justifying. Sachs (2004) also refers to ‘transformative professionalism’ and, like Bottery (1996), welcomes forms of professionalism that combine codified knowledge with a new system of ethics and moral purpose.

Considered in tandem with McLaughlin’s (1997, p. 89) reference to ‘post-modern professionalism’, the outward-facing nature of the teacher’s role becomes a little clearer, and in this respect we could begin to discern a skeletal framework for extended professionalism as an expanded form of professionalism. There is something similar in Sach’s (2004) description of an ‘activist’ teacher applying new principles of professional dialogue; reduced isolation (from other professionals and community members, including parents); professional learning; professional development linked to change efforts; enlarged environments for professional safety and trust beyond the physical boundaries of schools; and restructured time, space, and scale of activities. Earlier, Bottery (1996, p. 191) also affirms a preference for extended professionalism when he notes the importance of teachers to understand ‘their relations to others – [that] teachers do not necessarily occupy the centre of any occupational universe, but are part of a more complex ecology of occupations’. More recently, Whitty’s (2006) call is for ‘democratic professionalism’ which, he suggests, would involve teachers working with many more stakeholders than recent governments or even inter-professional advocates might intend.

The following sections develop the argument that, hitherto, the intricacies of identity and culture have been inadequately considered in the call for multi-professional service delivery, by moving from macro- to micro-level explorations of individuals and groups.

## **Professional identity and culture**

In multi-agency working, there appears to be an assumption in training environments that notions of professional identity and culture are easily distinguished and distinctive in terms of the professions involved. However, this assumption fails to recognise the complexities of these concepts which are not necessarily linked to single professions, but are perceived, experienced and developed differently both between and within professions. Although identity is a contested concept and exact definitions can be problematic, our desk research suggests that social identity revolves around ‘the social nature of self as constituted by society’ (Hogg *et al.* 1995, p. 255). A clear message from the literature is that (if we take a more sociological view of identity) individual identities are multiple, ever changing, and socially constructed through primary and secondary socialisation experiences and cultures (Jenkins 2008; Johnson 2004; Rhodes 2006).

For analytical purposes, social identity can be broken down into personal and professional categorisations. Personal identities relate to how a person sees the private, informal self while professional identities derive from their self-perception, their self-image, and their self-efficacy in relation to their work and career (Knight and Trowler 2001). As an example, for those working in the education profession, professional identities may relate to an individual’s subject specialism or be more widely related to their perceptions about belonging to the profession as a whole (Ball and Goodson 1985). In short, professional identities not only relate to what being a teacher/nurse/social worker means for the individual, but also how they perceive their identity in relation to their specific role/s within their profession (for example, a ward sister or a maths teacher). Although these concepts have been separated for purposes of

definition, it has been widely acknowledged that, in the ‘caring’ professions, such as nursing, social work and teaching, an individual’s professional and personal identities are heavily interlinked (Day *et al.* 2006; Floyd 2012).

The above discussion begins to highlight the complexity of identity formation and development and suggests that individuals’ professional identities are likely to be linked to deeply-held personal values developed through prior socialisation experiences. Indeed, the literature on professional identity formation suggests that a trainee’s developing professional identity is a consequence of historical and cultural structures, as well as lay theories of the profession, which can be formed from a very young age (Sugrue 1997; Twiselton 2004). Thus, for student teachers, one of the key influences in developing their professional identity is their own education experiences as pupils. For those entering the health profession, experiences of going to the doctor or stays in hospital may be similarly influential. A problem arising from these perceived notions of professional identities is that when people are brought together in an education or training environment, individuals may overestimate the extent to which others share their own ideas of being a professional, even within the same profession, which can lead to stereotyped views and subsequent conflict (Twiselton 2004, p. 160). This acknowledgement by Twiselton, for example, provides an interesting counterpoint to persistent assertions in the literature that there is a singular or uni-professional identity and culture held by all individuals in a profession. In Initial Teacher Education (ITE) there have been attempts to address such issues by giving increased attention to critical self-reflection, as outlined by writers such as Brookfield (1995) and Fook and Gardner (2007), as a way of confronting and realigning both past experience with present learning and potential futures. The expectation is that teachers will, as a result, be less likely to replicate or reproduce the activities and/or inequalities they might have

otherwise failed to have questioned from their own personal and cultural experiences, and that reflective learning will provide a pro-active stimulus to improve and reconsider their own teaching and pedagogic practices. It is also hoped that this will enable them to become more assertive professional practitioners, adding value to teachers' as well as students' learning and sense of selves (Johnson 2004; Raffo and Hall 2006; Rhodes *et al.* 2005). Consequently, it is argued, exploring teacher identity, both in general and in relation to specific subjects, should be a central aspect of teacher education and continuing professional development programmes where schools' networking, partnership, and community roles are also increasingly prioritised (Hodgen and Askew 2007; Twiselton 2004). Until recently, the latter have assumed increasing importance in the UK in relation to the *Early Child Matters* agenda, as teachers need to interact with a range of other professionals in their daily working lives (Edwards *et al.* 2010). It remains to be seen whether this momentum can be/will be retained in rapidly fragmenting training contexts and with noticeable reductions in the policy vehemence with which *Every Child Matters* was first propounded. However, the extent of the 'collaborative' embrace ought not to be exaggerated since it would be hard to under-emphasise inspection bodies' primary concerns with individual teacher's subject and pedagogic expertise to improve pupil attainment in measurable ways. As already noted, inter-professional education in the form pursued in Health Education still lacks commensurate significance in Teacher Education; this does not mean that training programmes do not attend to the needs of various actors working in educational settings; simply, that it has not seen the need to prioritise the drawing together of such groups as integral components of ITE. (Whether this will be more or less likely in school-based professional development programmes remains under-researched).

In Health and Social Care, students are encouraged, indeed required, not only to

reflect on their own professional identity and development in relation to their chosen profession, but are being strongly encouraged to view 'being inter-professional' as integral to becoming and being a professional (Hammick *et al.* 2009). Even a cursory glance at university web-sites advocating degrees in Health and Social Care demonstrate its significance, both as a concept and preferred professional practice (one example, <http://www.nottingham.ac.uk/ciel> 2012). Furthermore, an academic journal (Journal of Inter-professional Care) aims to disseminate research and new developments in the field. However, again, it is important not to exaggerate the extent to which IPE for health professionals exhibits any common delivery pattern. It is interesting to note that educators in Health and Social Care have tried to incorporate IPE as core or peripheral to the education of Health and Social Care professionals, mostly in the absence of full agreement about when it should be incorporated and in which configurations (Cooper *et al.* 2001). At one end of the continuum, IPE is little more than learning how to work in teams and becoming skilled in the competences of communication and inter-personal relations, frequently referred to in Health and Social Care as 'common learning' (Barr 2010). There is little to justify applying the specific term IPE to such activities, although linking the continuum to educative or health and social care outcomes gives it potentially more force. As a form of educational delivery, IPE is, rather like curriculum praxis, entangled in multiple approaches and buzz words; linked to pre- and post-registration in Health and Social Care; as undergraduate and postgraduate provision; as integrated throughout a programme; as pedagogically didactic or interactive; with assessment, formative and summative; placement- or work-based, or university-based, or both; and delivered face-to-face or on-line, or both. Through IPE, it is claimed, individuals will be able to broaden their perspectives and learn from other professional groups. IPE also aims to help change attitudes and reduce

negative stereotypes amongst different professional groups. However, research points to the fact that such stereotypes can actually be maintained and reinforced through this process (Lidskog *et al.* 2008; Mandy *et al.* 2004).

Given the difficulties in defining professional identity as a single entity, and that the notion is fluid, subjective and inextricably linked to a person's biographical experiences, it is not surprising that problems have arisen as a result of this education approach. As an example, some students appear to perceive some teamwork experiences negatively, especially when, it is argued, they consider that have not yet developed, or are sufficiently secure about their own distinct professional identity linked to their chosen career, before they are being encouraged to adopt a different identity, perceived by some as being built on 'blurred professional boundaries' rather than through true 'collaborative working' (Wakefield *et al.* 2006).

Problems in multi-agency working also exist in relation to conceptualising professional culture and exploring how this is perceived differently by different individuals and groups. Culture is defined as 'the values, ceremonies and ways of life characteristic of a given group' (Giddens 2006, p. 1012) and is socially constructed and re-constructed. However, as well as a profession having a number of unique practices and behaviours, it is also clear that there are sub-cultural practices and behaviours that occur within a single profession and between and within individual organisational settings. Indeed, while organisational culture can be broken down into evaluative elements, involving social expectations and standards, and material elements, such as signs, language, behaviours, events and people (Fincham and Rhodes 2005, p. 528), organisational culture does not necessarily permeate an organisation uniformly and different working communities, often sub-groups of professions or organisations, have

distinctive cultures which are linked to shared values held by that sub group (Alvesson 2002). It has also been argued that experiences of different organisational learning discourses can influence an individual's sense of professional identity (Rhodes and Scheeres 2004). In which case, it may be imprudent to make generalized statements about professional practices and customs, even within the same professional groups. If inter-professionalism is to be successful, the intricacies and nuances of professional identity and culture between and within the relevant professions and in relation to various organisational structures need to be acknowledged more fully than at present, since they can impact on how professionals work together as a team (Schroeder *et al.* 1999).

## **Career**

The concepts of professional identity and culture are also affected by relatively recent changes to the idea of what may constitute an individual's career path. Contemporary career theory suggests that people are more likely to experience a range of roles and occupations throughout their career, rather than stay within one profession (or even the same organisation) as has been the case historically (Arthur and Rousseau 1996; Pringle and Mallon 2003). This shift in career patterns, in turn, affects professional identities and cultures as more people are changing careers more often (Raggl and Troman 2008), and entering different professions at different stages of their careers. Thus, professions are increasingly made up of individuals who have developed their professional identities through a range of different prior career experiences and associated cultures, possibly over a range of different sectors. Gold and Fraser (2002) suggest that professionals may develop their own concepts of professional identity, each with sets of values derived from unique socialisation experiences (Johnson 2004). An appreciation of an

individual's personal biography, therefore, is crucial in trying to understand the complexities of these concepts; such interrogations are increasingly required in relation to inter-professional work.

Recently, Guile (2009) provides an additional framework for theorising about professional careers in Education, Health and Social Care, in particular where workforce fragmentation is increasing. Guile (2009, p. 763) refers back firstly to traditional views of learning to become an occupant of a specific profession that involves the progressive mastery of 'something'. This legacy persists and extends into and influences 'commonsensical' policy makers' ideas that qualifications 'constitutes a proxy measure for the development of vocational practice' (Guile 2009, p. 763), largely in the form of core subject knowledge, key competences, and employability skills. This approach still pertains to significant parts of initial training in Health, Social Care, and Education. Whilst such approaches might be seen as less appropriate in relation to ideological dispositions towards inter-professionalism, it seems ironic that higher education courses also increasingly include IPE modules as essential to 'mastery'. To date, mastery approaches, have largely though not entirely excluded other kinds of expertise, whether of parents, carers, children, young people, or experienced volunteers. Midgley (1992, p. 6) describes these as inhabiting 'the grey areas' of service provision, occupants of a 'profane' rather than 'sacred' status.

In a second model of education-work transition and the kinds of learning that link both, Guile draws attention to Lave and Wenger (1991, p. 765) who:

...conceptualise practice as a mediated relation between people, tools, and context...

For this... to be realised newcomers require access through 'a learning curriculum' to the 'technologies of practice', that is, the tools, protocols, procedures...that experienced



members of a community use to develop the embodied forms of knowledge, skill, and judgements associated with a particular practice and the requisite vocational identity.

This may provide another lens for viewing the ways in which new as well as established professionals might consider inter-professional expertise as part of a range of dispositions to training, working, and career development. In a further stage, Guile's analysis becomes more applicable as professional development required of and beneficial to practitioners already ensconced in professional expertise and experience. Here, there is the notion of evolving 'epistemic practice' that requires professionals to 'laterally branch out' (Guile 2009, p. 158). Other writers (Jensen and Lahn 2005) have explored ways in which professionals, for example, those in nursing, have become more 'actively involved in the unfolding of practice' (cited in Guile 2009, p. 767). That noted, the growing tendency to promote *inter-* rather than *intra*-professional practice (still predominant in Health and Social Care), adds a more complex dynamic to such relationships, since there is a need to mediate not only between different epistemic traditions that sit *within* specific services like health and education but also *between* them. Like Edwards *et al.* (2010), Guile (2009, pp. 767-71) draws on Engeström (2005, p. 150) to envisage professionals who are 'increasingly forced to collaborate' because systems like Education are characterised increasingly as comprising 'historically accumulating structural tensions' (described as 'activity systems'), advocating vocational training and development in which members with specific interests [in our case for the well-being and development of children and young people] are placed in 'a structured situation to address a problem and [are provided] with resources and guidance to expand the object of activity and to re-design their systems to reflect the new object' (Guile 2009, p. 777). From this perspective, IPE might be seen less as attitude or ideology but more as 'boundary crossing [learning] laboratories'

(Guile 2009, p. 777). The term ‘laboratory’, of course, strongly suggests the need for more research and evidence to support as well as critically question its short and long term impact upon practice and practice users.

## **Conclusions**

To argue against the merits of good team work and collaborative relations with fellow professionals in the health, education and social care of service users and those who train them within and beyond Higher Education would seem both foolish and ill-advised, not least against the backdrop of recent tragic child abuse cases and serious concerns about shortcomings among those who would protect and safeguard children and young people (Morrison and Glenny 2012). Not to interrogate the complexities, tensions and implications of IPE and CPP, would seem to us to be equally short-sighted. Throughout, and through analysis derived from desk research, we have argued that in order to explore inter-professionalism, it is necessary to investigate not only the broader structural conditions in which the impetus is both occurring and thwarted, but also the historical, social and cultural narratives within which professional and inter-professional identities and cultures are being formed and re-formed by individuals and groups. It is not just that macro-analysis of the structural consistencies and inconsistencies are often nested in normative exhortation, but they are also replete with exclusions. Interestingly, studies of race, disability, and indeed many characteristics of difference are, as yet, researched relatively sparsely in the above fields. In short, many facets of workforce change, of individual and group identity, of cultural formation and re-formation, and of the push and pull factors that encourage continuing education to follow rather than question rhetorical convictions about IPE and CPP appear to be missing from the extant literature. This article, based upon comparative literary

engagement across Health, Social Care, and Education is a first step. In times of rapidly undermining trust in public services, confusion about continuing education's role in the creation and application of knowledge, and repeated government attempts to transform professional training, such research engagement could hardly be more urgent.

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